		1.0/	Marie FA			Morkskia.		
NAUY, JOE S								
Applicant Name (Last, First, Middle):								
CHECKLIST	APPLICANT MITTALS	RECRILPO LCPO INITIALS	CLASSIFIER INITIALS	SEMOR CLASSIFIES APPROVAL	GHRC LRF MANAGER INITIALS		GER ACCENTIREJEC	
	ぴい	XXX	XXX	XXX				
Statement of Uniterstanding	JSN	XXX	XXX	ХХХ				
	JSN	* **	XXX	***				
Fortest forte for each upon	JSN	XXX	XXX	***				
Pripositiva Page	-JSN	メメメ	ΧXX	XXX				
LRP MANAGER WI	LL SEND CON	FIRMATION E	MAN OR RE.	ECTION TO:		email	XXXX @ XXX	(, x x x
						Phone Number	(xxx) xxx	- XXXX
Avoid delays in pro required at the disc	ocessing. Do o	not send Incor RP Coordinat	nplete or illeg or (CNRC N3	jible packages 2).	to CNRC. For	consolidation loar	ns, additional docum	entation may be
			·	·	A E-MAIL T	O: CNRC_LRP	EB@navy.mll	
		THE	BELOW !	S TO BE L	JSED BY	LRP MANAG	ER:	
APPROVED AND C	ONFIRMATION	N EMAIL SENT						
REJECTED FOR TH	HE FOLLOWIN	G REASONS:						
1. AS NOTED	IN THE RIGHT	HAND COLUM	IN ABOVE					
2. PRIDE GET	REC DOES NO	T MATCH APP	PLICATION					
3. OTHER (Explain):								
					· · · · · · · · · · ·	WE DO NOT KEEP THE ENTIRE APPI	A RESIDUAL FILE FO LICATION.	R INCORRECT OR
	Use fo	r ACTIVE	and NAT	IONAL C	ALL TO SI	ERVICE LRP	APPLICANTS	
For Official Use Only When Filled in 1997								
			or Offic	jal Use (Zisty Wh	en Elled fi		

Enlistment Guarantees

COMNAVCRUITCOMINST 1130.8J

Name (LAST, FIRST, MIDDLE, JR., ETC.)	Social Security Number
NAVY, JOE S	000-00-0000

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy (Active) Component I hereby acknowledge that I am enlisting for a total Military Service Obligation (MSO) of 8 years. I fully understand and acknowledge that my MSO consists of an active duty obligation of 6 years as indicated in the options listed below with the remaining 24 months of my MSO served in the Individual Ready Reserve (IRR). I understand my contract has the following guaranteed options which require the indicated active duty service obligation(s):

ADVANCED TECHNICAL FIELD CRYPTOLOGIC TECHNICIAN - INTERPRETIVE (ATF/CTI 6YO) PROGRAM					
LOAN REPAYMENT PROGRAM (LRP) Up to \$65,0	000				
	requires 4 years active duty obligation and a voluntary extension of 24 months to meet the school, and program guarantee active duty obligation requirement and a voluntary extension of N/A meet the enlistment bonus requirement.				

- 2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological, and academic requirements of the options guaranteed in the above section, and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.
- 3. The Navy will enroll me in the guaranteed options specified above. If, during the periodic reviews of my eligibility, I am found no longer eligible for the options listed above because of information I provided in my enlistment application; because of a physical or psychological disqualification; or because of some reason that is not due to my fault, negligence, or conduct, I may choose to be reclassified for an enlistment training program for which I'm qualified and a vacancy exists. In any event, the Navy may, at its option, choose to discharge me.
- 4. If I am not enrolled in the guaranteed options specified above because of some reason that is due to my fault, negligence, or conduct or if I am disenrolled for any other reason not specified in paragraph 3, then I lose that guarantee and, at the Navy's option, remain subject to continued Naval service. I also understand that if I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or any enlistment incentive, I may incur additional service as required by regulation. The Navy may, at its option, discharge me in accordance with law and regulation.
- 5. Place your initials in the applicable blocks:

x	29APR14	X	29APR14
I understand that I may waive my hou the needs of the Navy. If I accept re- understand the homeport guarantee	classification to another enlistm	raining and become eligible for assignment at ment training program for any reason, then I	
l understand that in order to receive rating/program listed in Option 1.	he enlistment bonus option tha	at I must remain qualified and serve in the	
am enlisting and the Statement(s) of			

PRIVACY ACT NOTIFICATION This document contains information covered under the Privacy Act of 1974, 5 USC 552a and its various implementing regulations and must be protected in accordance with those provisions. You, the recipient/user, are obliged to maintain it in a safe, secure and confidential manner. Re-disclosure without consent or as permitted bylaw is prohibited. Unauthorized re-disclosure or fallure to maintain confidentiality subjects you to application of appropriate sanctions. If you have received this correspondence in error, please notify the sender immediately and destroy any copies you have made.

Annex to DD Form 4 dated NAVCRUIT 1133/52 (Rev 10-2013)

Request to add LRP option - 29 Apr 2014 Recruit NAVY, JOE S (0000) has REQUESTED the Loan Repayment Program (LRP) option and has asked that LRP be ADDED to both the PRIDE record and Enlistment Guarantees (NAVCRUIT 1133/52). RECRUIT: I knowingly and voluntarily request the LRP enlistment option. I understand that I have 60 days from (29 Apr 201)4 to submit my application for approval to the Navy. If the application is not received within the 60 days, an Exception to Policy (ETP) is required. If I go on active duty before the 60 days time limit, then I must complete the application process before my enlistment date. DATE: 20140429 SIGNED: __ Recruit's Signature CLASSIFIER: I confirm that I have explained the application procedures NAVY, JOE S a copy of the FAQs located at http://www.cnrc.navy.mil/eincentives/loan-repay-faq.htl. DATE: 20140429 SIGNED: Classifier's Signature MEPS:57) Classifier's Printed Name (STATION: COLUMB Instructions: 1. SAVE and PRINT form. 2. Give a signed copy to the Recruit, retain a copy in the residual file and forward a copy with the application package to the LRP Manager at cnrc lrp-eb@navy.mil using the SAFE website. --- PRIVACY ACT STATEMENT -AUTHORITY: 10 USC 2171 PRINCIPAL PURPOSE: To ensure any Loan Repayment Program quarantee listed in the recruit's enlistment guarantees is consistent with the PRIDE reservation system.

ROUTINE USES: See principal purpose.

DISCLOSURE: Voluntary; however, failure to provide your Social Security Number may delay shipping to boot camp.

Statement of Understanding Loan Repayment Program

PRIVACY ACT NOTIFICATION

AUTHORITY: 10 U.S.C. 133, 275, 503, 504, 508, 510, 672, 1071-1087, 1168, 1169, 1475-1480, 1553, 5013; and E.O. 9397 (SSN).

PRINCIPAL PURPOSES: To provide recruiters with information concerning personal history, education, professional qualifications, mental aptitude, and other individualized items which may influence the decision to select or non-select an individual for enlistment or commission in the U.S. Navy, to provide historical data for comparison of current applicants with those selected in the past, and to provide delayed entry personnel with training modules and allow DON officials to use the Navy Applicant Management Information System (NAMIS) to conduct surveys and administer on-line screening tool that identify whether the delayed entry personnel qualify for special operations programs and other high-priority programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To officials and employees of other departments and agencies of the Executive Branch of government, upon request, in the performance of their official duties related to the management of quality military recruitment and the recruitment of Merchant Marine personnel, and to other departments and agencies of the Executive Branch of government in the performance of their official duties related to the management of quality military recruitment as published in the Federal Register.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information may preclude receiving student loan repayments after enlisting in the U.S. Navy.

- 1. In connection with my enlistment into the U.S. Navy, I hereby acknowledge and understand:
 - a. I am enlisting for an incentive option: U.S. Navy Enlisted Loan Repayment Program.
- b. I understand I am eligible to enroll in the Montgomery GI Bill Program but will not establish eligibility for benefits and meet the requirements of the program until after I reenlist and serve an additional 36 months. DD Form 2366 will be used to document my selection.
- c. I understand service commitments for Sailors participating in the Enlisted Loan Repayment Program do not count as qualifying active duty for the Post 9/11 GI Bill Program. Qualifying service starts after completion of three years of active duty.
- d. The Loan Repayment Program is limited to \$65,000 total in loans distributed in 3 equal payments. The loan(s) will be repaid in thirds of the original loan amount or unpaid principal balance at time of accession or \$1,500 (whichever is greater). The first payment will be received after completion of my first year of service in a qualifying rating and annually thereafter.
- e. I understand that only certain loans qualify for the LRP. Loans which qualify for this program include those guaranteed under Title IV, Part B, D, or E of the Higher Education Act of 1965 (10 U.S.Code Section 510) that were incurred before entering active duty, including:
 - 1) Federal Stafford;
 - 2) Federal Perkins;
 - 3) Federal Ford;
 - 4) Federal PLUS (if the service member is the student); and
 - 5) Federal Consolidated loans.

DD Form 2475 Block 3n Type of Loan	DD Form 2475 Block 3p Name institution where payment is to be made	DD Form 2475 Block 3j Unpaid Principal Balance	DD Form 2475 Block 3c Original Loan Amount
Title IV	Fed Loan Servicing	2,799.96	3,500
PLUS	Department of Education	6,590.8	12,968
Stafford	Nelnet	9,967.87	14,500

Name: (Last, First, Middle)

NAVY, JOE S

SOCIAL SECURITY NUMBER:

000-00-0000

NAVCRUIT 1133/75 (Rev 4-2014) FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

Page 1 of 2

Statem	ent of Understanding L	oan Repayment Progr	am Continued	
DD Form 2475 Block 3n Type of Loan	DD Form 2475 Block 3p Name institution where payment is to be made	DD Form 2475 Block 3j Unpaid Principal Balance	DD Form 2475 Block 3c Original Loan Amount	
Stafford	Sallie Mae	6,309.59	8,500	
Federal Consolidated	Great Lakes	32,314.17	39,544.42	
Perkins	siu	1,673.52	4,100	

- f. I have listed each DD 2475 eligible loan for repayment.
- g. I understand that all payments, less Federal and State taxes, will go directly to the lender. A W-2 will be sent to my command. To check on a W-2 call (877) 747-7657.
- h. I understand that I will not be reimbursed for payments I make or have already made to lenders. The Navy will not repay interest or associated fees on my loans.
- i. I understand that my loans must not be in default and must remain in good standing while I am on active duty. I understand that it is my responsibility to coordinate with my loan holder(s) regarding forbearance and deferment matters.
- j. I understand the DD Form 2475 must be submitted annually within 90 days to trigger a payment to lenders in block 3p.
 - k. I understand that if I separate from enlisted status, my LRP benefits will stop.
- 1. I understand that for the LRP payment process to begin I must first provide a scanned copy, complete with lender verification and signature, of my DD Form 2475 to the LRP Manager 90 days prior to my anniversary date. I will email the completed DD Form 2475 to NAVCRUITCOM (N32) at cnrc_lrp-eb@navy.mil. Incomplete or improperly filled out forms will not be accepted. For instructions go to www.cnrc.navy.mil, select NRC Links Enlisted Incentives, then Loan Repayment FAQs.
- m. I understand that I may contact NAVCRUITCOM at (877) 747-7657 if I have questions regarding my LRP package.
- n. I understand while on Active Duty that I must remain in the rating listed on my current Annex to DD Form 4 (Enlistment Guarantee/NAVCRUIT 1133/52) or have been involuntarily removed from that rating through no fault of my own, to maintain my eligibility. If my prospective rating changes, as identified on my current Annex, prior to rating designation, I will provide the new Annex to the LRP Manager immediately. If my rating changes after rating designation, I will provide official documentation characterizing the primary reason for the change to the LRP Manager immediately. It is recommended, before I accept a change in rating, that I contact the LRP Manager for pre-approval for the continuation of benefits.

Name: (Last, First, Middle) NAVY, JOE S	Signature	Date 29APR14
Applicants Email: JOE.NAVY@GMAIL.COM	SOCIAL SECURITY NUMBER:	000-00-0000
Name: (Navy Recruiting Official)	Signature	Date
CLASSIFIER NAME		29APR14

DOD EDUCATIONAL	CONTRO	L NO.	LOAN PROG	RAM (X one)			
LOAN REPAYMENT PROGRAM (LRP)			X ACTIVE I	DUTY LRP	1		No. 0704-0152
ANNUAL APPLICATION			HEALTH	PROFESSION	ALS LRP		approval expires , 2017
	_ <u>L</u>			ED RESERVE L			•
The public reporting burden for this collection of information is estimated to average maintaining the data needed, and completing and reviewing the collection of inform	Blina Seed com	ments reconting this i	virdan estimate oc	and other second o	محاضمها منطه الم		an instruction
suggestions for reducing the burden, to the Department of Defense, Washington H VA 22350-3100 (0704-0152). Respondents should be aware that notwithstanding to the control of the control	addi ariem Send	met Evonama Cani	ma Dimentamba tab	armatina Ataaana	anat Püdelan 4	1000 ALAS CA	
tools not display a currently valid OMB control number.							
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE O				THE ADDRESS	LISTED IN	SECTION 1	1, BLOCK B.
AUTUOPITY: 40 U.S.C. 2474 Education Land Bossesses D.		CT STATEME					
AUTHORITY: 10 U.S.C. 2171, Education Loan Repayment Program: Commissioned Officers in Specifie	ogram; Eniisi d Health Prof	leo Members or essions: 16301	Active Duty in	n Specified Mi an Penavmen	ilitary Speci	ialties; 21 Members	73, Education
I Reserve; 16302, Education Loan Repayment Program; Health	Professions (Officers Servino	in Selected R	eserve with M	Varlime Crit	ical Medic	cal Skill
Shortages; 16303, Loan Repayment Program; Chaplains Servi	ing in the Seli	ected Reserve,	and E.O. 9397	7, Social Secu	rity Number	r (SSN).	
PRINCIPAL PURPOSE(S): In completing this form, you are no provide will be reviewed by Military Service personnel record of	equesting you	r Military Service	e to pay a por	tion of your st	udent loan(s). The in	nformation you
the lender that you identify for verification of the loan amount a	nd status. Tr	ne form is return	ed to the Serv	ice finance of	fice to make	e the anni	ual navment to
your lender. Collected information is covered by the Applicable Military Records Jacket. These links can be found at:							

4.4. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISBURSED AMOUNT	d DATE OF DISBURSEMENT (YYYMHOD)
35 00.00	0	1750,00	2 008 08/7
	0	1150.00	20090111
5 REMARKS			

DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS

SECTION 1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory,

SECTION 2. SERVICEMEMBER DATA

(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

SECTION 3. LOAN DATA

(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.
- 3.b. c. Self-explanatory.
- 3.d. Loan___of___Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.
- 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.
- 3.f. h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.
- 3.i. Mark X in the appropriate box.
- 3.j. Self-explanatory.
- 3.k. Self-explanatory.
- 3.I. If multiple loans have been consolidated, mark (X) "Yes"
- or "No" indicating consolidating action.
- 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below. The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Service Act; Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the

Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.

3.0. Self-explanatory.

- 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.
- 3.q. Lender may not use a routing number as the payment address.
- 3.r. Self-explanatory.

SECTION 4. LOAN DATA (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.
- 4.b. Amount cancelled after Origination Date of Loan.
- 4.c. Self-explanatory.
- 4.d. Date of each individual disbursement.

SECTION 5. REMARKS.

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.



P.O. Box 69184 Harrisburg, PA 17106-9184 Toll-free 800-699-2908 * Int'l 717-720-1985 Fax 717-720-1628 * TTY 800-722-8189 M-Th 8am to 11pm, Fri. 8am to 9pm ET www.MyFedLoan.org

MARCH 18, 2014

ATTN: LRP (CODE N3221)
5722 INTEGRITY DRIVE, BLDG 784
MILLINGTON TN 38054

RE:

LOAN VERIFICATION

WHY WE ARE CONTACTING YOU

This letter is to provide you with information regarding the student loans that FedLoan Servicing has on file for BRITTANY S MCCLAIN. This information is being provided in response to the Department of Defense Student Loan Repayment Program (LRP) application that we have received.

LOANS SERVICED BY FEDLOAN SERVICING

DISBURSEMENT DATE	DISBURSED AMOUNT	INTEREST RATE	OWNER	
08/17/2008	\$3,500.00	6.000%	U.S. DEPT	
08/16/2009	\$4,500.00	5.600%	U.S. DEPT	
08/15/2010	\$5,500.00	4.500%	U.S. DEPT	
08/14/2011	\$5,500.00	3.400%	U.S. DEPT	
08/17/2008	\$2,000.00	6.800%	U.S. DEPT	
09/25/2008	\$2,382.00	6.800%	U.S. DEPT	
08/16/2009	\$2,000.00	6.800%	U.S. DEPT	
08/15/2010	\$2,000.00	6.800%	U.S. DEPT	
08/19/2010	\$654.00	6.800%	U.S. DEPT	
09/30/2010	\$1,370.00	6.800%	U.S. DEPT	
08/14/2011	\$3,354.00	6.800%	U.S. DEPT	•
	DATE 08/17/2008 08/16/2009 08/15/2010 08/14/2011 08/17/2008 09/25/2008 08/16/2009 08/15/2010 08/19/2010	DATE AMOUNT 08/17/2008 \$3,500.00 08/16/2009 \$4,500.00 08/15/2010 \$5,500.00 08/14/2011 \$5,500.00 08/17/2008 \$2,000.00 09/25/2008 \$2,382.00 08/16/2009 \$2,000.00 08/15/2010 \$2,000.00 08/19/2010 \$654.00 09/30/2010 \$1,370.00	DATE AMOUNT RATE 08/17/2008 \$3,500.00 6.000% 08/16/2009 \$4,500.00 5.600% 08/15/2010 \$5,500.00 4.500% 08/14/2011 \$5,500.00 3.400% 08/17/2008 \$2,000.00 6.800% 09/25/2008 \$2,382.00 6.800% 08/16/2009 \$2,000.00 6.800% 08/15/2010 \$2,000.00 6.800% 08/19/2010 \$654.00 6.800% 09/30/2010 \$1,370.00 6.800%	DATE AMOUNT RATE 08/17/2008 \$3,500.00 6.000% U.S. DEPT 08/16/2009 \$4,500.00 5.600% U.S. DEPT 08/15/2010 \$5,500.00 4.500% U.S. DEPT 08/14/2011 \$5,500.00 3.400% U.S. DEPT 08/17/2008 \$2,000.00 6.800% U.S. DEPT 09/25/2008 \$2,382.00 6.800% U.S. DEPT 08/16/2009 \$2,000.00 6.800% U.S. DEPT 08/15/2010 \$2,000.00 6.800% U.S. DEPT 08/19/2010 \$654.00 6.800% U.S. DEPT 09/30/2010 \$1,370.00 6.800% U.S. DEPT





Federal Direct Stafford/Ford Loan Federal Direct Unsubsidized Stafford/Ford Loan Master Promissory Note William D. Ford Federal Direct Loan Browners

OMB No. 1845-0007 Form Approved Exp. Date 05/31/2011

William D. Ford Federal Direct Loan Program

Warning: Any person who knowingly makes a false statement or misrepresentation on this form will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S. C. 1097

which may include fines, imprisonment, or both, under	the U.S. Crimings Code and So. I am will be subject to penalties
1. Driver's License State and No.	READ THE INSTRUCTIONS IN SECTION F BEFORE COMPLETING THIS SECTION
	2. Social Security No.
3. F-mail Address (optional)	
4. Name and Address	
	5. Date of Birth
	6. Area Code/Telephone No
UNITED STATES	3. Alba Code/Telephone No
7. References: List two persons with different U.S. addresses who have known to	u for at least three years. The first reference should be a parent or legal guardian.
Name 1.	a los at least three years. The first reference should be a parent or legal guardian.
Permanent Street Address	22
City, State, Zip Code	
Camanilo , CA 93010 UNITED STAT	TES Seattle, WA 98125 UNITED STATES
Relationship to Deve	
Relationship to Borrower FATHER	FRIEND
SECTION B: SCHOOL INFORMATION - TO BE COMPLETED BY THE SCHOOL	TALAY
8. School Name and Address KALAMAZOO COLLEGE	9. School Code/Branch 10
1200 ACADEMY STREET	G02275
KALAMAZOO, MI 490063295	
SECTION C: BORROWER REQUEST, CERTIFICATIONS, AUTHORIZATIONS, AND U	INDERSTANDINGS - READ CAREELY A SECOND
 This is a Master Promissory Note (MPN) for one or more Federal Direct Stafford/ Ford (Direct Subsidized) Loans and/or Federal Direct Stafford/ 	13. For each Direct Subdifficed Loss and Direct Signing BELOW
Unsubsidized) i page I request a total account bited unsubsidized Stafford/Ford (Direct	I make the following outhorized and Direct Unsubsidized Loan I receive under this MPN.
Unaubsidized Loans under this MPN not to exceed the allowable maximums under the Act ("the Act" is defined in Section Funder Countries allowable maximums under the	I authorize my school to certify my eligibility for the loan.
the ioan type and loan emount that I a material Soverning Law). My school will notify me of	I authorize my school to credit my loan proceeds to my student account at the school.
a lower amount by contacting my school. Additional information about my right to cancel a loan or request a loan or request a loan or request a lower amount is included in the Recovery Picture of the formation about my right to cancel	and indicate my scribol to pay to ED any refund that may be due to the first
a loan or request a lower amount is included in the Borower's Rights and Responsibilities	·
Statement and in the disclosure statements that will be provided to me. 2. Under penalty of perjury, I certify that	I authorize ED to investigate my credit record and report information about my loan status to persons and creatives remitted by the control of the cont
The Information I have provided on this kept and a second	Permission believed by law to receive that information
The Information I have provided on this MPN and as updated by me from time to time is true, complete, and correct to the best of my knowledge and bellef and is made in good faith.	E. Unless I notify ED differently, I authorize ED to defer repayment of principal on my loan while I am enrolled at least half time at an eligible school.
-	F. I sutherize my school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and FD to release information - to an analysis of the school and the school
	on the loan and to members of my immediate family, unless I submit written directions otherwise.
to educational expenses for attendance on at least a held-time had attributed	
2 augment.	G. I authorize my schools, lenders and guarantors, ED, and their agents to release information about my loan to each other.
If I owe an overpayment on a Federal Perkins Loan, Federal Pell Grant, Federal Supplemental Educational Opportunity Coast Academic Supplemental Education Supplemental Supplemen	H. I authorize my schools. ED, and their respective access.
National Science or Mathematics Access to Pote Tally (ACG).	
	any future number that I provide for my cellular telephone or other wireless device using automated dialing entitiment or artificial as according to the control of the con
• • • • • • • • • • • • • • • • • • • •	or armitted of professional value or tay massages
(including National Direct Student) const to National Perkins Loan Program	 I will be given the opportunity to pay the interest that ED charges during grace, in-school, deferment, forbearance, and other periods as provided under the Act, including during in-school deferment periods. I these lives the laterance during the laterance of the Act, including during in-
Loan) Program, or the Federal Family Education Loan (FFEL) Program, I have made satisfactory repayment arrangements with the believe to the control of the c	school deferment periods. Unless I pay the Interest, I understand that ED may add unpaid Interest that is charged on each loan metic understand that ED may add unpaid
	that loan (this is called "controlled and a the united with the principal balance of
involving fraud in obtaining funds undertitle Market II.	or other period. Capitalization will increase the principal balance on my loan and the total amount of interest I must pay.
as amended. I have completed the recovered of the figure Education Act of 1965 (HEA),	
The case of a title iv federal student loan	15. I understand that ED has the authority to verify information reported on this MPN with other federal agencies.
CHON D: PROMISE TO PAY	
. I promise to pay to ED all loan amounts disbursed under the terms of this MPN, plus interest	at and other phases and desired
that disbursement. I understand that within another is MPN. I understand that by accepting	st and other charges and fees that may become due as provided in this MPN. I understand that any disbursement issued at any time under this MPN, I agree to repay the loan associated with amount of a loan by refusing to accept or by refusing the loan.
is issued. Unless I make interest payments, interest and the interest payments in the interest payment in the interest payments in the interest payment payments in the interest payment payments in the interest payments in the interest payments in	amount of a loan by refusing to accent or by r
of the loan as provided under the Act. If I do not make a payment on a loan made under the	amount of a loan by refusing to accept or by returning all or a portion of any disbursement that ace, in-school, deferment, forbearance, and other periods with be added to the principal balance this MPN when it is due. I will also pay reasonable actions.
exact copy of this MPN and the Reserved a Dietal and MPN before reading the entire	MPN, even if I am told not to read it or told that I am costs, including but not limited to
including the Borrower Reguest Certifications Authorities Statement. My signa	ature certifies that I have read, understand, and agree to the terms of read it, I am entitled to an
and conditions described in Section E of this MPN and in the Borrower's Rights and Respor	ature certifies that I have read, understand, and agree to the terms and conditions of this MPN, on C, the Notice About Subsequent Loans Made Under this MPN in Section E, and the terms noticed the control of the terms.
UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN	A, AND THAT I MUST REPAY ALL LOANS THAT I DECEME DAIRED THE
Borrower's Signature	
	18. Today's Date (mm-dd-yyyy) 03/06/2012

DOD EDUCA	TIONAL	CONTRO	L NO.	LOAN PROG	RAM (X one)	
LOAN REPAYMENT P		.		X ACTIVE I	OUTY LRP	OMB No. 0704-0152
ANNUAL APPL	ICATION .			HEALTH	PROFESSIONALS LRP	OMB approval expires Jan 31, 2017
The public reporting burgen for this collection of	information is nationaled to				D RESERVE LRP	.1
The public reporting burden for this collection of maintaining the data needed, and completing at suggestions for reducing the burden, to the Dep VA 22350-3100 (0704-0152). Respondents and does not display a currently valid OMB control of the control of the control of th	artment of Defense, Washin ould be aware that notwithste umber.	gion Headquarters Service anding any other provision	ces, Executive Service of law, no person sh	es Directorate, Info all be subject to a	any other espect of this collect ofmetion Management Division by penalty for falling to comply	ion of information, including , 4800 Mark Center Drive, Alexandria, with a collection of information if it
PLEASE DO NOT RETURN YO	JR FORM TO THE ABO	OVE ORGANIZATION	. FORWARD YO	UR FORM TO	THE ADDRESS LISTED II	N SECTION 1. BLOCK a
		PRIVACY A	CT STATEMEN	T		
AUTHORITY: 10 U.S.C. 2171, Edu Loan Repayment Program: Commis Reserve; 16302, Education Loan Re Shortages: 16303, Loan Repayment	spanment Schocas III Sh	edileu neakh Phik Isalih Profossions (Officer Contra	Education Lo	an Repayment Program	n: Members of Selected
annual coppo, coppo, coppy inch	r r rogrami. Chaptains	Serving in the Seid	ected Keserve, a	ING E.O. 9397	'. Social Security Numb	Mr/CCAN
PRINCIPAL PURPOSE(S): In comprovide will be reviewed by Military the lender that you identify for verific your lender. Collected information is Military Records Jacket. These links	pleting this form, you Service personnel rec ation of the loan amous s covered by the Appl	are requesting you cord custodians to vount and status. The licable Military Sen.	r Military Service verify that you made to form is returned tice System of P	to pay a porteet eligibility red to the Serv	tion of your student load equirements. This formatice finance office to make a communication of the communication	n(s). The information you n will then be forwarded to the annual payment to
ROUTINE USE(S): To the lender (I and status can be verified. The lend reporting taxable income, and to the	Department of Educati ler returns the completion agent credit reporting agen	ion, U.S. Public He sted form to your un icies to assist to the	ealth Service, or a nit for additional	other financia processing.	Institution) you identify to the Internal Revenue	so that the loan amount e Service for the purpose of
portonois of fortile beneficially. If	E DOD DIRUKET KORT	ine uses loung at [itto://privacy.dere	inse.gov/blan	ket uses shimi may ac	piv to this collection
annual payment you are requesting.	r, if the requested inf Your Social Security	ormation is not provided (SSN) is	vided, DoD will r	of he oble to	verify the lone amount	
Line an une binasine lines 2011' bines	sering or your applicat	ion may be delayed	j.		THE SHECKING THE SPECIAL	ed individual applicant. If
OFFICIAL MILITARY PERSONNEL Air Force: http://dpcio.defense.gov/	. FILES: privacy/SORNs/como	onentialdematicna	8 AE DO O 66	d		
Army: http://docio.defense.gov/priya	cv/SORNs/compone	nt/armv/A0600-R-1-	04B AHRC html	ĺ		
Army National Guard: http://dpclo.di	icv/SORNs/compone	ntinavv/NO1070_3 i	ntrol	Mb_NGB.htm	1	
Marine Corps: http://doclo.defense.	pov/privacy/SORNs/c	omponent/usmc/M	01070-6.html			
1. PERSONNEL OFFICE VERIFIC			personnel officer)			
a. FORWARD COMPLETED FORM TO			 VERIFYING OF I certify that this 		er has performed satisfacts	arilu
No. 1 Telephone Inches			(1) NAME (Last, F			any.
		Ł	ROMANO, P.	ATRICIA		•
MILIONAL MARKETTE			(2) SIGNATURE			(3) DATE SIGNED
BLANCE TO WATER	(1)		tatrier	Clar	1	20140415
2. SERVICEMEMBER DATA (To be	completed by Servicem	ember or Borrower (if	parent loan incum	ed for Servicem	ember's education - see in	
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Sh	ect, City, State,	and ZIP Code)	
c. SOCIAL SECURITY NO.	- TELEBUOYE NO A	(
C. SCORE SECONITY NO.	d. TELEPHONE NO. (1		l suthorize the rele	are of my flags	niel riele bu lesses attacke	to complete entries in Section 3.
e. E-MAIL ADDRESS			f. SIGNATURE	dee Of Ing Alica	Man Data by lendar/floider	g. DATE SIGNED
				/		(YYYYMMDD)
3. LOAN DATA (To be completed by it	non pendalar naganak					20140415
a. NAME ON THE LOAN (Last, First, Mid			- -	b. ORIGINAL	DATE OF PROMISSORY	NOTE (VVVVIII)
·-	-			200902		NO IE (TTT TIMMED)
c. ORIGINAL LOAN AMOUNT 12968.00		d. LOAN	or <u>3</u>	LOANS	- I DAN ACCOUNT NU	MBER (GROUP A)
f. LOAN HOLDER NAME		S. LOAN HOLDER	ADDRESS (Inclu	de ZIP Code)	h,	TELEPHONE NUMBER
Ser believe			co boto	360		(Include Area Code)
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YES X NO	4591	5.80	\ \ \ \(\langle \) (c) (c) (c)	4.43	YES	V NO
m. FEDERAL TAX IDENTIFICATION NO	. II. TYPE OF LOA	N (See Instructions)	a. LOAN INTE			\$
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Department o	f Education	SENT (Inc	clude ZIP Code)		q. LENDE	ROUTING NUMBER
PO Box 7402						-
r. CER. Atlanta CA 2		·			I	
As a Atlanta, GA 3	J3/4-U283	n is corre			omissory note is enclo	sed.
(1) NAM.	1.00	, .	(3) SIGNATUR	E		(4) DATE SIGNED (YYYYMMDD)
CKUN Sher.	Gun	E10-/15+	\perp St	الذؤرك	loca	4-15-14
DD FORM 2475, JAN 2014			S EDITION IS C	BSOLETE.		Adobe Designer 9.0

4.a. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISBURSED AMOUNT	d. DATE OF DISBURSEMENT (YYYYMMDD)
12,468-		12 968 —	9-9-08
			7
			
5. REMARKS			
5. REMARNS		· · · · · · · · · · · · · · · · · · ·	

DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS

SECTION 1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

SECTION 2. SERVICEMEMBER DATA

(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

SECTION 3. LOAN DATA

(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.
- 3.b. c. Self-explanatory.
- 3.d. Loan ____ of ___ Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) loan. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.
- 3.e. Loan Account Number to be used to ensure payments are applied to the correct amount.
- 3.f. h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks,
- 3.i. Mark X in the appropriate box.
- 3.j Self-explanatory.
- 3.k. Self-explanatory.
- 3.i. If multiple loans have been consolidated, mark (X) "Yes"
- or "No" indicating consolidating action.
- 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act; under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the

Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred.

- 3.o. Self-explanatory.
- 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.
- 3.q. Lender may not use a routing number as the payment address.
- 3.r. Self-explanatory.

SECTION 4. LOAN DATA (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.
- 4.b. Amount cancelled after Origination Date of Loan.
- 4.c. Self-explanatory.
- 4.d. Date of each individual disbursement.

SECTION 5. REMARKS.

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.

IF THE PLUS LOAN IS IN THE PARENTS NAME, THE DEPPER'S INFO MUST APPEAR IN "STUDENT SECTION"

Application and Federal PLUS Lo	Promisso pan	ry Note	for	Guarantor or Program Idemi	fication			
0369 No. 1845-0003 From Approved Emp. G. WARRING: Any person who wrowingly make presides which may include fines or intensor	ate 10/31/2004	oresputation on Pris & Communi Esca an	cfrom is abbyect to yd 20 û S.C. 1997			·		
Borrower Section (To be			*****	Please pri	int neatly or	type. Read the	instructions cal	elully.
1. Less Hame	<u> </u>	Fires Name			s#I	2. Social Securi	ly fillumbre	
3. Permanent Street Address (II P C. Sc	n, see instructors.)			4, Telecrione Humber		5. Loan Period (From:	MordyYear) To	
Cey		State	79 Code	4. Driver's Located Number It is	erain-fretj	7 Date of Sum o	Month/Day/Yesti	
8. Lender Harre	GN ,	State	Zig Gode	9. Lasider Codo, d known		10. Requested L S	oan Amoum [‡] y	
11. U.S. Citizenship Status (Check**	ecz ist iči mobni d 600	icable)	1: Olizen/Neltonal	D b. Stock Non-Cazen /	Aiven ID #			
12. a State of Logal Resonance	b Since (Marky Ye			13. Employer (Name, City, Set	(a)	Te Unone Nur	nter_	
T.4. Any you currently in default on a lead and attach recuired documentation. The school your dependent is after the loan processes received by EET. T.6. Do you there an outstanding Federal.	nding participates in elect to your Department is state at Stattons, Supplicational	minic funds trans ent restaurs? Lown for Student	fer (EFT), do you auth	orice the school to transfer moctosom boen which was disbure		o.	Yes D :	No No
If you chacked "yes", do you want to to you chacked "yes" to Box ia) and \$7, References: You think provide two	(c), do you want the exec	est that occrues	ge stas kosti dėliemas s	inci capalisti sed? Hino, you will be the	qua nt to pay the	- J.	. o:	No No
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City, State, Zp Code Area Code/Telections	1 1	- Ar.Ange						
reviews side, even if otherwise sorvied servised servised servise and conditions of other opticalism. THIS IS A LOAN THAT WILLS 18. Borrower's Signification.	T BE REPAID.			, Jodgy's Dine Beanty Day're	~			
Student Section (To be	completed by the	student.)			ini neatly of		e instructions ca	refully
DEPPERS	INFO !	HERE		20. Social Security L. Inter		27, 1924 6 680	n iskerts/Dey/Year1	
22. U.S. Communic Status (Check one	e and hel ID resident is age	wate, 0	a ColcaniNational	o. Pighie Non-Church	Alien ID:4			
23. Are you currently in details on a tel 24. My signature combes that if here to Sautent's Signature.	dend an omnon bess or d	o mos ou o entr	nd on a laderal studer is in the Student Certif	t great? If year, carefully read making careon and Authorization primited on Today's Oute (Month/MayOs	क्षा क्षा क्षा क्षा क्षा क्षा	required documents a Abidication and Pit	sion. () a Yes C	J . **
School Section (To be d	ompleted by AR 4	uthorized s	chool official.)					
25. School Naria				31. School Code/Branch	13	38. Telephone Humi	541	
26. Street Address		A second	de (1949 e e 1949 em en de delemanne diffullènce à la chéann ann ann agus agus	32. Cost of Attendance \$	80	37, Peconymended ((MontryDsy/Yea	Districts general (Netro(n) 7	_
Cay		State	Zio Code	23. Estimated Financial Aid s	\$6	t git	274	تَـُــن
7. Loan Penod (Month/Day/Year) From	Ťo	21	3 Grade Level	S4. Certified Liters Arriques S	œ	3:d	461	٢
25. Enrollment Status (Check one)				36. Signature of Authorized Sch	ool Othersi/Date (Saw School Centics	Birthe former true others a constraint	
20. Amicipated Completion (Gracuation		east Half Time	yy 1 400-1414 (1811) (1	Print or Type Name and Title	J		sustaining to threataining	<u>'</u>
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Lender Section (To be a	unpieleo by an a	rus res 1200 fo	TEMPERS MITTERSON	29, Lancar Godo/Sranch	4G. Talesbor	e Humber	41. AMBURI ABBRON	ed
Street ROTTERS		***************************************		42 Signature of Authorized Len	ding Official	igen men langstift fram en gegen stelle film an den stelle en stelle film en stelle en stelle en stelle en ste	43, Lander Usa (7rt)	>
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CONTROL NO. LOAN PROGRAM (X one) DOD EDUCATIONAL OMB No. 0704-0152 X ACTIVE DUTY LRP LOAN REPAYMENT PROGRAM (LRP) OMB approvel expires HEALTH PROFESSIONALS LRF Jan 31, 2017 ANNUAL APPLICATION SELECTED RESERVE LRP The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data reacted, and completing and reviewing the collection of information. Sand comments regarding this burden estimate or any other sepect of this collection of information, including suggestions for inducing the burden, to the Department of Defense, Washington Headquarters Services Directorate, information Management Division, 4800 Mark Center Drive, Alexa 23:20-3:100 (0704-07152). Respondents should be aware that notwithstanding any other provision of law, no parson shall be subject to any panelty for fishing to comply with a collection of information indeed not deplay a currently valid OMS control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. FORWARD YOUR FORM TO THE ADDRESS LISTED IN SECTION 1, BLOCK # PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 2171, Education Loan Repayment Program: Enlisted Members on Active Duty in Specified Military Specialties; 2173, Education Losn Repayment Program: Commissioned Officers in Specified Health Professions; 16301, Education Losn Repayment Program: Members of Selected Reserve; 16302, Education Losn Repayment Program: Members of Selected Reserve; 16302, Education Losn Repayment Program: Health Professions Officers Serving in Selected Reserve with Wartime Critical Medical Skill Shortages; 16303, Loan Repayment Program: Chaptains Serving in the Selected Reserve, and E.O. 9397, Social Security Number (SSN). PRINCIPAL PURPOSE(S): In completing this form, you are requesting your Military Service to pay a portion of your student loan(a). The information you provide will be reviewed by Military Service personnel record custodians to verify this you meet eligibility requirements. This form will then be forwarded to the lender that you identify for verification of the loan amount and status. The form is returned to the Service finance office to make the annual payment to your lender. Collected information is covered by the Applicable Military Service System of Records Notice (SORN) for the Official Military Personnel File or Military Records Jacket. These links can be found at: http://dipclo.defanae.gov/privacy/SQRNa/component/DOD_Component_Notices.html. ROUTINE USE(S): To the lender (Department of Education, U.S. Public Health Service, or other financial institution) you identify so that the loan amount and status can be verified. The lender returns the completed form to your unit for additional processing. To the internal Revenue Service for the purpose of reporting taxable income, and to the credit reporting agencies to assist in the recovery of any improper payments made toward delinquent debts owed by a beneficiary or former beneficiary. The DoD Blanket Routine Uses found at http://brivacy.defense.gov/blanket_uses.shimi may apply to this collection. DISCLOSURE: Voluntary. However, if the requested information is not provided, DoD will not be able to verify the loan amount or status and make the annual payment you are requesting. Your Social Security Number (SSN) is used to ensure accuracy of data involving the specified individual applicant. If you do not provide your SSN, processing of your application may be delayed. OFFICIAL MILITARY PERSONNEL FILES: Air Force: http://dpcip.defense.pov/privacy/SORNs/component/airforce/F036 AF PC C.html Army: http://dpcio.defense.gov/privacy/SORNs/component/army/A0600-8-1048_AHRC.html Army National Guard: http://dpcip.defense.gov/privacy/SORNa/component/army/A0600-8-104b_NGB.html Navy: http://docto.defense.gov/privacy/SORNs/component/navy/N01070-3.html Merine Corps: http://docio.defense.gov/privacy/SORNs/component/usmc/M01070-6.html 1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer) b. VERIFYING OFFICIAL. A. FORWARD COMPLETED FORM TO THIS ADDRESS (Include ZIP Code) I certify that this servicemember has performed unfafactority. (1) NAME (Last, First, Micielle Initial) MANUAL COLOR ROMANO, PATRICIA 222 INTERCRITATION (2) SIGNATURE (3) DATE SIGNED rative ⅎ℩ 2. SERVICEMEMBER DATA (To be completed by Servicemember or Borrower (if parent loan incurred for Servicemember's education - see Instructions.)) e. NAME "aut. First, Mickie Initial) b. ADDRESS (Street, City, State, and ZIP Code) d. TELEPHONE NO. (Include Area Code) E. SOCIAL SECURITY NO. i authorize the release of my financial data by lender/holder to complete entries in Section 3. I. SIGNATURE g. DATE SIGNED e. E-MAIL ADDRESS 20140201 3. LOAN DATA (To be completed by loan servicing spancy) b. ORIGINAL DATE OF PROBLESORY NOTE (YYYYMADD) a. NAME ON THE LOAN (Last First, Middle Initial) 22-63 d, LOAN C. DRIGINAL LOAN AMOUNT LOANS OF I. LOAN HOLDER HAME g. LOAN HOLDER ADDRESS (Include ZIP Code) N. TELEPHONE NUMBER Undude Area Gode 4772 See be walso UNPAID PRINCIPAL BALANCE E. OUTSTANDING BALANCE I, IS THIS A CONSOLIDATED LOANS I. LOAN IN DEFAULT (Cone) NO NO YES V NO YE8 a. LOAN INTEREST M. FEDERAL TAX IDENTIFICATION NO. n. TYPE OF LOAN (See Instructions) (1) CAPITALIZED (2) CURRENT YEAR -0248903 : 1384.62 <u>2.65</u> SENT (Include ZIP Code) 4. LENDER ROUTING NUMBER Nelnet P.O. Box 82501 r. CE Lincoln, NE 68501-2501 n is correct and current. Copy of the promissory note is enclosed. A: (3) SIGNATURE (4) DATE BIGNED (YYYYMMDD) (1) NA

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DD FORM 2475, JAN 2014

4.E. ORIGINAL LOAN AMOUNT	b. CANCELLED AMOUNT	c. DISSURSED AMOUNT	d DATE OF MEDICA
3500		3500	d. DATE OF DISBURSEMENT (YYYMMOD)
152 U		3966	10-1-04
5500		753.4	10-1-04
		28.00	9-2-05
5. REMARKS			

DD FORM 2475, "DOD EDUCATIONAL LOAN REPAYMENT PROGRAM (LRP) ANNUAL APPLICATION" INSTRUCTIONS

SECTION 1. PERSONNEL OFFICE VERIFICATION (To be completed by the designated personnel officer.)

1.a. - b. Self-explanatory.

SECTION 2. SERVICEMEMBER DATA

(To be completed by Servicemember or Borrower.)

2.a. - g. Servicemember or Borrower must complete. If the Borrower is the parent and has a Parent Loan for Undergraduate Students incurred for the Servicemember's education, please ensure the Servicemember's full name and last 4 digits of their SSN are provided in Section 5, Remarks.

SECTION 3. LOAN DATA

(To be completed by loan servicing agency.)

- 3.a. Name as it appears on the promissory note.
- 3.b. c. Self-explanatory.
- 3.d. Loan of Loans. A separate DD Form 2475 must be completed for each loan if Borrower has more than one (1) ican. For example, loan 1 of 3 loans, loan 2 of 3 loans, and loan 3 of 3 loans.
- 3.a. Loan Account Number to be used to ensure payments are applied to the correct amount.
- 3.f. h. Identify the name, address, and telephone number of the institution that currently services the loan. Please list any additional contact information in Section 5, Remarks.
- 3.i. Mark X in the appropriate box.
- 3.j. Self-explanatory,
- 3.k. Self-explanatory.
- 3.I. If multiple loans have been consolidated, mark (X) "Yes"
- or "No" indicating consolidating action.
- 3.m. Provide Federal tax identification number for tax withholding.

3.n. Type of Loan. Select from list below: The loan must qualify under the Higher Education Act of 1965, Title 4, Parts B, D, and E; the Health Education Assistance Loan under Part C, Title VII, Public Health Service Act, under Part B, Title VIII; Health Professional Loans that the SECDEF determines to be critical to meet wartime medical skill shortages; William D. Ford Federal Direct Loan; or any loan incurred for educational purposes made by a lender that is: (1) an agency or instrumentality of a State; (2) a financial or credit institution (including an insurance company) that is subject to examination and supervision by an agency or the United States or any State; or (3) from a pension fund or a non-profit private entity (subject to case-by-case review/approval by the

Office of the Undersecretary of Defense for Personnel and Readiness (Military Personnel Policy) (Accession Policy) through each Service's Education Representatives).

NOTE: For eligible LRP participants - Parent Loans for Undergraduate Students (PLUS) and Consolidated Loans are also eligible for repayment under the LRP, as long as the loans were incurred for the Servicemember's education. Since the loans may be in someone else's name and could include loans incurred for individual's education other than the Servicemember (such as a sibling or loans incurred for their own education), it would be necessary to have the borrower complete Section 2 and include information regarding the education for which the loans were incurred. 3.o. Self-explanatory.

- 3.p. Complete this block only if different than the one listed in 3.f. and 3.g.
- 3.q. Lender may not use a routing number as the payment address.
- 3.r. Self-explanatory.

SECTION 4. LOAN DATA (To be completed by loan servicing agency.)

- 4.a. Self-explanatory.
- 4.b. Amount cancelled after Origination Date of Loan.
- 4.c. Self-explanatory.
- 4.d. Date of each individual disbursement.

SECTION 5. REMARKS.

Use this section to enter additional information that will assist in processing this application.

After completion and signature, please return form to the address listed in Section 1.a.

DD FORM 2475 (BACK), JAN 2014

Federal Family Education Loan Program (FFELP)

Federal Stafford Loan Master Promissory Note

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form

Guarantor, Program, or Lender Identification

DMB No. 1845-0006 Form approved Exp. data 9-30-2005

FINANCE AUTHORITY OF MAINE

MAINE ADV C/D ANDROS COGG 605734

PO BOX 59012

Please print neatly or type. Read the instructions carefully.	ts subject to penallies which may include fines, imprisonment, or both, under the United States Criminal Code and 20 U.S.C. 1097.	GUARANTEE AND PRINT	52412 E 003010 00
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MPN. I understand that multiple loans may be made to me under this MPN. I understand that by accepting any disbursements issued at any time under this MPN. I agree to repay the loans. I understand that, within certain time frames, I may cancel or reduce the amount of any loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that accrues on my unsubsidized loans during in-school, grace, and determent periods will be added as provided under the Act to the principal balance of such loans. If I do not make any payment on any loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibillties Statement, My signature certifies I have read, understand, and agree to the terms and conditions of this MPN, including the Borrower Certifications and Authorizations printed above, the Notice About Subsequent Loans Made Under This MPN, and the Borrower's Rights and Responsibilities Statement,

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN,

16. Borrower's Signature

17. Today's Date (Month/Day/Year) _

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YES NO		_	<u></u>		_]	YES	NO
IIL FEDERAL TAX IDENTIFICATION NO.	II. TYPE OF LOAK	(See instructions)	o. LOAN INTE	REST			
			(1) CAPITAL E	ED)		(2) CURRI	ENT YEAR
			\$			\$	
P. MAME AND ADDRESS OF INSTITUTION I	MHERE PAYMENT	S TO BE SENT (Inc	tude ZIP Code)			q. LENDE	R ROUTING NUMBER
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r, CERTIFYING OFFICER.				·			····
As an official of the holding institution,	I verify that this in	formation is corre	st and current. O	copy of the	ocomiesov v	de is and	neeri
(1) NAME (Last, First, Mickle Iritle)	2) TITLE		(3) SIGNATUR		,		(4) DATE SIGNI

PREVIOUS EDITION IS OBSOL

CSR

Tony Thomas

DD FORM 2475, JAN 2014



CIN: SSN: Customer Name

Section 4: Lender Verification (completed by Loan Holder)

Date Completed: 4/22/2014

Sallie Mae
PO Box 9533
Wilkes-Barre, PA 18773-9533
888-272-5543
Tax ID # 54-1843973
Lender Routing: 121000248
Lender Account: 4122180946

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Loan Fees	00 00		\$0.00						 																																		\$0.00
Cap interest	\$577.63	100	\$2,625.06																																								\$3,202.68
Loan			\$1,493.19																																								\$1 493.19
Benefactor of Loan?	Borrower		Borrower																																								
Loan Type	Stafford		Stafford																																								
Original Loan Amount	\$8.500.00		\$12,000.00							-									+	+	i												1										\$20,500.00
Outstanding Balance	\$6,309.59	1 1	\$12,526.06																																							7	\$18,835.65
Unpaid Principal Balance	\$6,309.59		\$11,032,87																																							01000	\$17,342.46
Current Status Is foan in default Yes or No	ŝ		2																																			1			+		
Loan Number	1-01		1-02																																						†		

CAN COVER ALL STAFFORD LOANS WITH LENDER UNDER ACCOUNT NUMBER

Master Promissory Note William D. Ford Federal Direct Loan Program

Exp. Date 03/31/2008

OMB No. 1845-0007 Form Approved

Warning: Any person who knowingly makes a false statement or misrepresentation on this form will be subject to penalties which may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Federal Direct Stafford/Ford Loan Federal Direct Unsubsidized Stafford/Ford Loan

SECTION A: BORROWER INFORMATION

1. Driver's License State and No.

3. E-mail Address (optional)

4. Name and Address

READ THE INSTRUCTIONS BEFORE COMPLETING THIS SECTION

2. Social Security No.

5. Date of Birth

2.

6. Area Code/Telephone No.

7. References: You must list two persons with different U.S. addresses who have known you for at least three years. The first reference should be a parent or legal guardian.

Name

Permanent Street Address

City, State, Zip Code Area Code/Telephone No. Relationship to Borrower

GODFATHER

SECTION B: SCHOOL INFORMATION

8. School Name and Address CENTRAL WASHINGTON UNIVERSITY 400 EAST UNIVERSITY WAY

9. School Code/Branch

ELLENSBURG, WA 98926-7495

SECTION C: BORROWER REQUEST, CERTIFICATIONS, AUTHORIZATIONS, AND UNDERSTANDING

READ CAREFULLY BEFORE SIGNING BELOW

- 11. This is a Master Promissory Note (MPN) for one or more Federal Direct Stafford/Ford (Direct Subsidized) Loans and/or Federal Direct Unsubsidized Stafford/Ford (Direct Unsubsidized) Loans. I request a total amount of Direct Subsidized Loans and/or Direct Unsubsidized Loans under this MPN not to exceed the allowable maximums under the Act ("the Act" is defined in Section E under Governing Law). My school will notify me of the loan type and loan amount that I am eligible to receive. I may cancel a loan or request a lower amount by contacting my school. Additional information about my right to cancel a loan or request a lower amount is included in the accompanying document called "Borrower's Rights and Responsibilities Statement" and in the disclosure statements that will be provided to me,
- Under penalty of perjury, I certify that:
 - The information I have provided on this MPN and as updated by me from time to time is true, complete, and correct to the best of my knowledge and belief and is made in good faith.
 - I will use the proceeds of loans made under this MPN for authorized educational expenses that I incur and I will immediately repay any loan proceeds that cannot be attributed to educational expenses for attendance on at least a half-time basis at the school that certified my loan eligibility.
 - I do not owe an overpayment on a Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, or a Leveraging Educational Assistance Partnership Grant (formerly State Student Incentive Grant) or, if I owe an overpayment, I have made satisfactory repayment arrangements.
 - I am not now in default on any toan received under the Federal Perkins Loan Program (including National Direct Student Loans), the William D. Ford Federal Direct Loan (Direct Loan) Program, or the Federal Family Education Loan (FFEL) Program or, if I am in default on a loan, I have made satisfactory repayment arrangements.
- 13. For each Direct Subsidized Loan and Direct Unsubsidized Loan I receive under this MPN, I make the following authorizations:
 - I authorize my school to certify my eligibility for the loan.
 - I authorize my school to credit my loan proceeds to my student account at the school.
 - I authorize my school to pay to the U.S. Department of Education (ED) any refund that may be due up to the full amount of the foan,
 - I authorize ED to investigate my credit record and report information about my loan status to persons and organizations permitted by law to receive that information.
 - Unless I notify ED differently, I authorize ED to defer repayment of principal on my loan while I am enrolled at least half-time at an eligible school.
 - I authorize my school and ED to release information about my loan to the references on the loan and to members of my immediate family, unless I submit written directions other-
 - I authorize my schools, lenders, guarantors, ED, and their agents to release information about my loan to each other.
- 14. I will be given the opportunity to pay the interest that ED charges during grace, in-school, deferment, forbearance, and other periods as provided under the Act. Unless I pay the interest, I understand that ED may add unpaid interest that is charged on each loan made under this MPN to the principal balance of that loan (this is called "capitalization") at the end of the grace, deferment, forbearance, or other period. Capitalization will increase the principal balance on my loan and the total amount of interest I must pay.

15. I promise to pay to ED all loan amounts disbursed under the terms of this MPN, plus interest and other charges and fees that may become due as provided in this MPN. I understand that more than one loan may be made to me under this MPN. I understand that by accepting any disbursement issued at any time under this MPN, I agree to repay the loan associated with that disbursement. I understand that, within certain timeframes, I may cancel or reduce the amount of a loan by refusing to accept or by returning all or a portion of any disbursement that is issued. Unless I make interest payments, interest that ED charges on my loans during grace, in-school, deferment, forbearance, and other periods will be added to the principal balance of the loan as provided under the Act. If I do not make a payment on a loan made under this MPN when it is due, I will also pay reasonable collection costs, including but not limited to attorney's fees, court costs, and other fees. I will not sign this MPN before reading the entire MPN, even if I am told not to read it, or told that I am not required to read it. I am entitled to an exact copy of this MPN and the Borrower's Rights and Responsibilities Statement. My signature certifies that I have read, understand, and agree to the terms and conditions of this MPN, including the Borrower Request, Certifications, Authorizations, and Understanding in Section C, the Notice About Subsequent Loans Made Under this MPN in Section E, and the terms and conditions described in Section E of this MPN and in the accompanying Borrower's Rights and Responsibilities Statement.

I UNDERSTAND THAT I MAY RECEIVE ONE OR MORE LOANS UNDER THIS MPN, AND THAT I MUST REPAY ALL LOANS THAT I RECEIVE UNDER THIS MPN,

16. Borrower's Signature

17. Today's Date (Month/Day/Year) 09/21/2007

(Electronic Signature)

		CONT	nor No	1				
DOD EDUCA			ROL NO.	LOA		GRAM (Xone)		10 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LOAN REPAYMENT P	'ROGRAM (LRP)	l l		LX		EDUTY LRP		18 No. 0704-0152 18 approval expires
ANNUAL APPL	ICATION				ſ	H PROFESSIONALS LR		31, 2017
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1. PERSONNEL OFFICE VERIFICA	TION (To be completed	by the designate				· · · · · · · · · · · · · · · · · · ·		
a. FORWARD COMPLETED FORM TO T	HIS ADDRESS (Include	ZIP Code)	b. VERIFYING	OFFICIA	AL.	.1		
NAVY LOAN REPAYMENT PI		GER	(1) NAME (Les	THIS SERVI	coment	per has performed satisfac	torily.	
NAVY RECRUITING COMMA			ROMANO,			08()		
5722 INTEGRITY DRIVE BLD	J 784		(2) SIGNATUR		ICIA			T
MILLINGTON, TN 38054	5/) <i>(</i> 77		(L) DIGITATOR		•			(3) DATE SIGNED
EMAIL: CNRC_LRP-EB@NAV			<u> </u>					
2. SERVICEMEMBER DATA (To be a a. NAME (Last, First, Middle Initial)	ompleted by Servicemen	nber or Borrower	(if parent loan inc	urred for	Servicen	nomber's education - see	instructions))
e. Issue (Last, First, Moule (fillal)			b. ADDRESS	(Street, C	ity, State	, and ZIP Code)		
c. SOCIAL SECURITY NO.	TELEBUOYE NO	shirds Asses as 1.1	1					
	I. TELEPHONE NO. (Inc	aude Area Code)						
e. E-MAIL ADDRESS			l authorize the	release of	my finat	ncial data by lender/holde	to complet	
			1. SIGNATURE	•	A	1		g. DATE SIGNED (YYYYMMDD)
			,,					24144334
LOAN DATA (To be completed by los	n servicing agency)				**	71		-T114577
a. NAME ON THE LOAN (Last, First, Middi	le Initial)			b. Of	RIGINAL	DATE OF PROMISSOR	Y NOTE (Y	YYYMMDO)
C, ORIGINAL LOAN AMOUNT	•	d. Loan	OF	LC	OANS	e. LOAN ACCOUNT N	JMBER	· · · · · · · · · · · · · · · · · · ·
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LOAN IN DEFAULT (X one)	<u> </u>							
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n. FEDERAL TAX IDENTIFICATION NO.	Please	e see Offi	cial Attacl	hmen	ıt	YES	NO	
		mpleted S	ections 3	& 4.		7,00 40	A100 4/20	
		•				(2) CURRE	NITEAR	!
NAME AND ADDRESS OF INSTITUTION	N WHER					q. LENDE	ROUTING	NUMBER
CERTIFYING OFFICER.								<u> </u>
As an official of the holding institution	n, I verify that this info	rmation is corre	ect and current.	Сору о	of the pr	omissory note is encla	sed.	
i) NAME (Last, First, Middle Initial)	(2) TITLE		(3) SIGNATI			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		(4) DATE BYOMED

(3) SIGNATURE

(4) DATE SIGNED (YYYYMMDD)

Great Lakes Attachment for DOD Educational Repayment Program

3. LOAN DATA (To be completed by	V sandaamamhad	· · · · · · · · · · · · · · · · · · ·					
a. NAME ON THE LOAN (Last, Firs		h OPIGINAL :	DATE OF PROM	2000			
	a, mount inday	TYYYYMMD	^{D)} 2011112		TE	ĭ	NAL LOAN AMOUNT
d. LOAN 1 OF 1 LOANS	e. LOAN ACCOUNT NU	MBER			DER NAME	ু ক্তন্ত	,544.42
				Great I			
g. LOAN HOLDER ADDRESS (Included Great Lakes PO Box 7941	ude ZIP Code)	-					h. TELEPHONE NUMBER (Include Area Code)
Madison, WI 53707-7941							(800) 236-4300
4. LENDER VERIFICATION (To be			T				
a. LOAN IN DEFAULT (X one) YES NO	b. UNPAID PRINCIPAL \$32,314.17		c. OUTSTAND \$33,249		CE		d. ORIGINAL LOAN AMOUNT \$39,544.42
e. NAME AND ADDRESS OF INSTI IS TO BE SENT (Include ZIP Code Great Lakes PO Box 530229	TUTION WHERE PAYME e)	NT	39-1864		CATION NO.		g. TYPE OF LOAN (See instructions) Consolidation
Atlanta, GA, 30353-0229 (800) 236-4300 Option:	7 Ext: 2475		h. IS THIS A C SOLIDATED YES		I. LOAN INTE \$935.00		J. LOAN FEES \$0.00
k. CERTIFYING OFFICER. As an official of the holding institut	ion, I verify that this inform	ation is correct a	and current. Copy	of the prom	issory note is e	nclosed.	1
(1) NAME (Last, First, Middle Initial)	(2) TITLE		(3) SIGN/	TURE		7	(4) DATE SIGNED (YYYYMMDD)
Schneider, Sara A	Research	Specialist	Tay		- Color		20140404
	FORWARD THIS F	ORM TO THE A	LDDRESS LISTE	D IN SECTIO	ON 1, BLOCK H	5.	
REMARKS (Continue on back if no Capitalized Interest Payments;	ecessary)		Disburse	_			
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NOTE USED BY SOME LENDERS

EXAMPLE OF CONSOLIDATION PROMISSORY NOTE

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FEDERAL PERKINS LOAN MASTER PROMISSORY NOTE

Section A: Borrower Section					
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remain nomess (surer, city, state, zip code)	3. Date of Birth (mun/dd/yyyy)				
	4. Home Area Code/Telephone Number				
	5. Driver's License Number (List state abbreviation first)				
Section B: Seban Section					
6. School Name & Address (street, city, state, zip code)	7. Annual Interest Rate				
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[Any bracketed clause or paragraph may be included at option of institution]

Terms and Conditions: (Note: Additional Terms and Conditions follow on subsequent pages)

APPLICABLE LAW . The terms of this Federal Perkins Loan Master Promissory Note (hereinafter called the Note) and any distinsements made under this Note shall be afterpreted in accordance with Part E of Title IV of the Higher Education Act of 1965, as amended (hereins fire called the Act), we will as Federal regulations issued under the Act. All sums advanced under this Note are subject to the Act and Federal regulations usual under the Act.

REPAYMENT - I am obligated to repay the principal and the interest that accrues on my losm(s) to the above-named institution (hereinafter called the School) over a period beginning 9 months (or somer if 1 am a Leas-Than-Half-Time Borrower) after the date I create to be at least a half-time student at an institution of higher education or a comparable School outside the United States approved by the United States Department of Education (hereinafter called the Department) and ending 10 years inter, unless i request in writing that my repayment period begin sooner. I understand that the School will report the amount of my installment payments, along with the amount of this loan required in whiting that my repayment period usein susmon is unsuccession with repayment period, or in the summary of the repayment period may be absent that it is to an interest on this loan shall secrute from the beginning of the repayment period. My repayment period may be absent than 10 years if I am required by my School to make minimum monthly payment. My repayment period may be extended during periods of deferment, hardship, or forbest since and I may make grati-sted insullment in accordance with a schedule approved by the Department. I will make my insullment payment in equal monthly, bimouthly, or quarterly installment as determined by the School. The School may round my installment payment to the next highest multiple of \$5. [I will make a minimum monthly repayment of instruments at determinest by the Serious Perkins Loans made before October 1, 1992 that included the \$30 minimum payment option or outstanding National Direct Student Leans) in secondance with the Minimum Monthly Payment Section of the Terms and Conditions contained on the reverse side of this document.]

LATE CHARGES. The School may impose late charges if I do not make a scheduled payment when due or if I full to submit to the School on or before the due date of the payment, a properly documented request for any of the forbearance, deforment, or cancellation benefits as described below. No late charges may exceed 20 percent of my monthly, bimouthly, or quarterly payment. The School may add the late charges to principal the day after the scheduled payment was due or include it with the next scheduled payment effer I have reserved notice of the charge, and such notice is sent before the next mataliment is due.

FORBEARANCE, DEFERMENT, OR CANCELLATION - I may apply for a forbearance, deferment, or cancellation on my lean. During an approved forbearance FOREARCHUL, HEREROTERIE, WE CANTELLAR FROM - I may apply for a concernance, or cancernance on my lean. During an approved forbearance period, payments of mineipal and interest, or principal only, may be postponed or reduced. Interest continues to accuse while my lean is in forbearance. During an approved deforment period, I am not required to make scheduled installment payments on my loan. I am not liable for may interest that might otherwise accuse while my loan is in deformant. If I meet the eligibility requirements for a cancellation of my loan, the installments may cancel up to 100 percent of the sustanding principal lean amount information on eligibility and application requirements for forbearances, deforments, and cancellations is provided on pages 2 and 3 of this Note. I am respossible for submitting the appropriate requests on time, and I may lose my benefits if I fail to file my request on time.

DEFAULT - The School may, at its option, declare my loan to be in definit if (1) I fail to make a schoduled payment when due; (2) I fail to submit to the School, on or before the due date of a scheduled payment, documentation that I qualify for a forbestance, deforment, or concellation; or (3) I fail to comply with the terms and conductors of this Note or written repayment agreement. The School may assign a definited loan to the Department for coelection. I will be intelligible for any further federal student financial assistance authorized under the Act until I make arrangement that are substancivy to the School or the Department to repay my toan. The School or the Department that I have defaulted and all other relevant loan information. I will lose my right to defer payments and my right to forbestance if I default on my loss. The School or the Department was not consistent and an object of the cutive supplied behave of the formulation of the cutive supplied behave of the formulation of the cutive supplied behave of the formulation principal, interest is an electronic or costs. I will lose my right to reactive characteristic benefits for service that it

CHANGE OF STATUS - I will inform the School of any change in any norms, address, telephone number, Social Society Number, or driver's license number

PROMISE TO PAY: I promise to pay the School, or a subsequent holder of the Note, all same disbursed under the terms of this Note, plus interest and other flow which may become due as provided in this Note. I understand that multiple home may be made to see under this Note. I understand that by accepting any disbuscements issued may become one as provious in size race. I meet race is multiple many interesting that each loan is separately enforceable based on a true and exact copy of this Note. I understand that each loan is separately enforceable based on a true and exact copy of this Note. I understand that I as my sens unaspear rooms, agree to repay we sense a morrowing site well room in separately enterteepte based on a true and exact copy of this Note. I undermand that I made it is done to an another than I am not required to each of the Note when it is done, I premise to pay all ceasenable collection costs, including atterney first, count costs, and other fees. I will not sign this Note before reading the entire blow, even if I am not required to read it. I am entitled to an exact copy of this Note. This image has been made to me without security or endomment.

My significance certified I have read, understand, and agree to the terms and conditions of this Note.

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Borrower's Signature	Man return of the second secon	Dete		
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E SHE IT IN EXILEPED FORM PAINTE NOT FEDERAL Signature Student Loan®-NOT ELIGIBLE Academic Year 2008-2007 Application and Promissory Note
For Loan Applications Received by May 31, 2007

PRIVATE LOAN **Education Trust** Section A: Borrower information Please read instructions before completing this section. Personners Address (No P.D. Batter) There is Address (If less than one year, provide prior address) Catheler Phone Number Pericenses Phone Number ZIP Coo Heire Asiemete Z.F Code CSO Actions While in Colored Date of Minh (man/dd/yy) mail Address Phone Number While in lichard on a student lawn? (chack son) Heve you ever dely Ko 🗀 If yes, are instructions for required source O Parolyn Hamblem and eligible for a Scotal Security Namber 🔲 Note: For options is, a or d see instr Y--Picks Distract) We ancausign you to become conservatively, but ity to busters the full Escotiment Period for wh german (comes expect 12 to personal year hand an you will not have so authoris and (and instructions) Ciry . School Name Current Outstanding Student Lour Diebs (more to insurantions) \$ Course of Study (rafer to testimations) (trade Lavel (selb) to instructional Reference—For must provide type (2) plant reference when four the real 31 Permanent Phone Number nasa Paone Number Empl Adomes ΜÏ 2) Last Name and Settle Lond Access Please read instructions before completing this section. Section B: Cosigner Information Last Name and Suifts 73P (364) Carr Address (No RO, Beaus) Time of Residence (if less than year, percide prior activoss) LO IS Personalas Samo Norma Calmber Phone Number ZIF Code Prior Address (No P.O. Mores) Desc of Bine (mer/servy) of (chock orc) b) Non-Chilary Permanent Resident Have you or or default Claimebig (check one) Note: For option is, and becomestore If you are instructions for Bioployer Address (City, State, XIP Code Present Rengioses Munc nel sibniony, think support or Conferencia Repail Address Monthly Mortgage/Ross Amount (check out) One D Rose D gy S Other 5 Station

Vot small worker has 50 shall indicates after than the last terms
on and Statist

Flora Relationship to Contents Personal Proper Norths Aberrary Prone Namber Penall Adouses Kojaslovskip is Company) Last Name and Scills Piou Nute American Phone North FORMI Address Section C: Borrower and Cosigner Signature CAUTION - IT IS IMPORTANT I declare that the information provided above is true and complete to the best of Notice to Customer (a) Do not sign this before you my knowledge and belief. I have read the Promissory Note accompanying this THAT YOU THOROUGHLY read the Promissory Note even if otherwise advised. application and the Notice to Cosigner. Promise to pay: Jointly and severally with READ THE CONTRACT (b) Do not sign this if it contains any blank spaces. the other signers below, I promise to pay the lender or any other holder of this loan all sums disbursed under the terms of the Promissory Note, plus interest and all BEFORE YOU SIGN IT. I. THE (c) You are entitled to an exact copy of any agreement you COSIGNER, HAVE READ THE sign. (d) You have the right at any time to pay in advance other charges that may become due. The terms and conditions set forth in the APPLICABLE COSIGNER the unpaid balance due under this agreement and you may NOTICE. be conflied to a partial refund of the finance charge. Promissory Note constitute the entire agreement between us. Borrower Signature Description National States (seek) Date Costguer Signature (if applicable) (seal) Date ---Section D: School Certification Must be completed by an authorized acheol official Chade Level (circle one) Please celler to basinculous For the Resultment Ported (not to exceed 17 mention) ž. **2**. From Date (mps/dd/yy) To Date (mm/dd/yr)

I hereby certify that the Botrower is eligible for a Signature Student Loss; that the Total Certified Amount does not exceed the student's cost of standance minus other financial aid: that the School will, at the request of the lender, provide the lender with subsequent information regarding the Borrower's whereabouts, that this School will comply with all applicable loan policies and provisions; and that information provided in Sections A and B is true, complete and correct to the best of my knowledge and belief

Sign and date mark with

ONWLD_SWIS Return Application To: Salife Mae • PO Box 147023 • Gaineaville, FL 32614-7023 Complete Calife Mae • PO Box 147023 • Gaineaville, FL 32614-7023 Complete Calife Mae

App Code: IXSP0601 Prom New Code: 3XSP060



National Student Loan Data System (NSLDS) for Stu-

NSLDS is a repository of information from many sources. Changes to the data are made by those sources. Collecting the data into one central location such as NSLDS gives you convenience and saves you time. If for any reason you disagree with the information reported to NSLDS, please contact one or more of the sources of your data listed on the detail pages on this site. The Department is also available as a resource at 1-800-4FEDAID if you need additional assistance. Your comments and corrections will help improve the services NSLDS provides.

What is your social security number? Please enter this number without the dashes. For example, 123456789.				
What are the first two (2) letters of your last name?			***************************************	
What is your date of birth? Please enter this date in "mmddyyyy" format. For example, 08171975 for Augus: What is your PIN?	t 1 7, 19	75.	#*************************************	en menuturer
Please enter pin by selecting a value from each column in grid to right. Each column represents 1 position within your 4-digit pin. Select a number by mouse click or moving to it with keyboard arrow keys: If using arrow keys, move mouse off of grid so it does not conflict with keyboard. Use the up and down arrows to move to desired number within column; use right and left arrows to move between columns. Below each column is an indicator showing if a value from the column has been selected: Y=Yes, N=No	1 2 3 4 5 6 7 8 9 0 N	8 9 0 1 2 3 4 5 6 7 N	6 7 8 9 0 1 2 3 4 5	8 9 0 1 2 3 4 5 6 7

Since your PIN can be used to retrieve personal information about you and to sign documents, including a promissory note, you must not share or disclose the PIN to others. By using your PIN, you agree that it has not been compromised — no one besides you knows it. If you think your PIN has been compromised, you should change it at the Department of Education PIN Registration Web site using the option "Change PIN".

NSLDS Student Access site only supports the current 4-digit PIN standard. If you have a PIN that does not conform to this standard, please visit www.pin.ed.gov to establish a new 4-digit pin.

You will be prompted to re-enter the information on this page after 15 minutes of inactivity.

Information contained on these pages reflects the most current data in the NSLDS database. The data contained on this site is for general information purposes and should not be used to determine eligibility, loan payoffs, overpayment status, or tax reporting. Please consult the Financial Aid Officer at your school or the specific holder of your debts for further information.



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Aid Summary for

Your enrollment status is GRADUATED, effective 03/14/2013.



Loans

	Type of Loan	Loan Amount	Loan Date	Disbursed Amount	Canceled Amount	Outstanding Principal	Outstanding Interest
1	DIRECT STAFFORD UNSUBSIDIZED	\$2,691	07/18/2011	\$2,691	\$0	\$2,306	\$1
2	STAFFORD UNSUBSIDIZED	\$2,000	02/08/2010	\$0	\$2,000	\$0	\$0
3	STAFFORD SUBSIDIZED	\$5,500	02/08/2010	\$0	\$5,500	\$0	80
4	STAFFORD UNSUBSIDIZED	\$2,000	06/29/2009	\$2,000	\$0	\$1,816	\$1
5	STAFFORD SUBSIDIZED	\$5,500	06/29/2009	\$5,500	\$0	\$4,996	\$1
6	STAFFORD SUBSIDIZED	\$2,173	08/13/2008	\$2,173	\$0	\$1,991	\$1
7	STAFFORD UNSUBSIDIZED	\$1,680	08/13/2008	\$1,680	\$0	\$1,415	\$1
8	STAFFORD UNSUBSIDIZED	\$2,647	08/04/2008	\$2,647	\$0	\$2,465	\$1
9	STAFFORD UNSUBSIDIZED	\$158	11/09/2007	\$79	\$79	\$70	\$1
10	STAFFORD SUBSIDIZED	\$2,074	09/10/2007	\$0	\$2,074	\$0	\$0
11	STAFFORD UNSUBSIDIZED	\$3,500	09/10/2007	\$3,500	\$0	\$3,115	\$19
Total I	DIRECT STAFFORD UNSUBSIDIZED					\$2,306	\$1
Total :	STAFFORD UNSUBSIDIZED					\$8,881	\$23
Total !	STAFFORD SUBSIDIZED					\$6,989	\$2
Total A	II Loans					\$18,176	\$26

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